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PICK-UP WAIT MAIL						
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OCT 24 2019

S. YOUNG

COVER LETTER

	egistration Section vision of Corporations	•				
SUBJECT	The AutoSpa, LLC Name of Limited Liability Company					
oo mine.						
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please retu	irn all correspondence concerning th	nis matter to the following:				
Jaacob E	Benaiah Bernal					
	Name of Person					
	Firm/Company					
1040 Ea	st Olive Rd, Apt 715					
	Address					
Pensaco	la, FL 32514					
	City/State and Zip Code					
Jaacob@	pensacolaautospa.com					
E-ma	ail address: (to be used for future an	nual report notification)				
For further	r information concerning this matter	, please call:				
jeremy s	artain	205 895-2363 at ()				
***************************************	Name of Person	Area Code & Daytime Telephone Number				
Re Di Cl 26	rretricourier address: egistration Section vision of Corporations ifton Building 61 Executive Center Circle illahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Er	oclosed is a check for the following	g amount:				
শ্ৰ	\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

I. Na	me of the limited fiability company: The Auto	Spa, LLC			
2. (a)					
2. (u)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	ny:	<i>N</i>	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	8201 Kause RD		8201 Kai	use RD	
	Pensacola, FL 32506		Pensaco	la, FL 32506	
	04/26/2012	Ĺ	.1200005	7077	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Jeremy Luther Sartain				
	Registered Agent and Registered Office shown on the reco	ords of the Florida I	Dept. of State		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			F 67 67	
	8201 Kause RD	.			
	Pensacola	_{FI} 32506		日日	
(b)	Jaacob Benaiah Bernal			BUT -4 PH BE 11	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	istered Office add	<u>ress</u> :	₽*	
	NEW Registered Office Address:				
	1040 East Olive Rd, Apt 715				
	Pensacola	, FL 32514			
the cha agent v was/wa	imited liability company is not organized under tange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitage authorized by an afternative vote of the members of organization or the operating agreement of	ess of the regist ited liability cor bers of the limit of the limited lia	ered office npany, it is ted liability ability com	and the business office of the registers hereby confirmed that the change(s) company or as otherwise provided in pany.	
#	The second second		AACEB	BEENAL Printed or typed name of signee	
,	tire of a member authorized representative of a member				
provisi the obl to mer	hy accept the appointment as registered agent anions of all statutes relative to the proper and combigations of my position as registered agent as properly reflect a change in the registered office address in writing of this change.	id agree to act i iplete performa ovided for in Ci ess, I hereby coi	n this capa nce of my a hapter 605, afirm that t	icity. I further agree to comply with the luties, and I am familiar with and acce , F.S. Or, if this document is being file the limited liability company has been	
	re of Registered Agent	_			